Family and Social Services Administration
Office of Medicaid Policy and Planning

Indiana MITA Assessment Project

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FOURTHOUGHTGROUP

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1 Executive Summary

The Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning (OMPP) contracted with FourThought Group (4TG) to conduct a Medicaid Information Technology Architecture State Assessment of the Indiana Medicaid Enterprise. This deliverable, the Indiana Medicaid Enterprise MITA Target Capabilities Assessment, represents the findings of the assessment of the target or "To Be" future capability maturity level of the primary business processes underlying a wide range of target initiatives of the Indiana Medicaid Enterprise.

The overall average capability maturity level of the future Indiana Medicaid Enterprise MITA business process is at nearly a Level 2 or second level of capability maturity. Capability maturity Level 2 means the "Agency focuses on cost management to improve quality of and access to care within structures designed to manage costs (e.g. managed care, catastrophic care management and disease management)."

The MITA Assessment was conducted by aligning the core Indiana Medicaid business areas and processes with the MITA Business Model to establish an Assessment Standard. The MITA Business Model defines 8 Business Areas core to the administration of the Medicaid Enterprise, and these areas are decomposed into 78 Business Processes detailing practices that are essential to the operation of the Medicaid health plan.

To assess the capability maturity of each of the aligned MITA business processes in the Assessment Standard, 4TG gathered and analyzed information from a wide range of sources to assess characteristics of timeliness, access, efficiency, effectiveness, accuracy, quality and value for

each capability at the five progressive levels of capability maturity levels. The capability maturity levels range from 1 to 5 -- 1 being the lowest and 5 being the highest.

The Assessment findings are the result from extensive analysis of:

- Survey Documentation – a detailed survey, follow up questions, information gathering and analysis of more than 9,000 pages of documentation,
- Envisioned Future Deliverable ("Envision") – a strategic planning process conducted with FSSA leaders to detail the near-term and long-term envisioned future of the Indiana Medicaid Enterprise,
- Provider Focus Group ("Provider FG") – a comprehensive survey and facilitated Focus Group of a wide range of Provider Association representatives, and
- Validation Session – more than 40 hours of interactive validation assessment sessions with Business Leads and Subject Matter Experts from the public and private sectors of the Medicaid Enterprise to validate current business capability maturity and identify future business initiatives.

Target initiatives were identified from these sources, mapped to Business Areas and Processes and assessed across the seven characteristics dimensions for each capability to determine a capability maturity level for the future enterprise.

The deliverable details the purpose, process and findings of the Target Capabilities phase of the MITA Assessment. It provides the target baseline to assess progress towards the future Indiana Medicaid Enterprise, and one

of the key measures in requesting enhanced Federal financial participation in realizing that future.

2 Purpose

The purpose of this document is to present an assessment of the Target Capability maturity of the Indiana Medicaid Enterprise business area processes. This section provides an overview of the project background and the approach for and methodology of this phase of the assessment.

The Target Capability Assessment provides the baseline for assessment of Target Capabilities and for the measurement of progress of the Medicaid Enterprise towards its Envisioned Future.

2.1 Background

OMPP engaged 4TG to provide "a thorough and complete MITA Assessment for OMPP adhering strictly to the MITA Standards and Framework 2.0",[1] covering the Indiana Medicaid Enterprise, which OMPP defines as "all Medicaid business processes administered or purchased by OMPP."

The goal of the Indiana MITA Assessment Project is to define a process improvement roadmap to achieve the Indiana Medicaid Health Care long term vision by:

- Optimizing Medicaid's expanded use of technology to achieve its goals and objectives;
- Satisfying the Center for Medicare and Medicaid's (CMS) Advance Planning Document requirement to receive Federal approval for enhanced Federal funding for systems design, development & implementation;

[1] State of Indiana Request for Services 7-94, May 29, 2007.

- Facilitating statewide health information exchange; and
- Improving organizational alignment to achieve our long term vision in meeting the needs of Hoosiers.

Indiana FSSA OMPP contracted with 4TG to facilitate, assist, and conduct a MITA Assessment Project to develop the following major deliverables:

1. Indiana Medicaid Health Care Envisioned Future, which is the vision for the future Medicaid Enterprise 2018,
2. Indiana Medicaid Assessment Standard, which is a mapping of Indiana's Medicaid Business Process Model to the MITA Business Process Model to establish the standard to be deployed for the MITA Assessment,
3. Current Capabilities Assessment, which is this document that assesses the current ("As-Is") business capabilities of the Medicaid Enterprise,
4. Target Capabilities assessment, which includes the analysis of the future vision and priorities of the Medicaid Enterprise and the assessment of the capability maturity of these target ("To-Be") business capabilities,
5. Transition and Implementation Plan, which includes a identification of the high-level transition strategy and priority projects to close the gap between the current and target capabilities to achieve the envisioned future for the Medicaid Enterprise,
6. Information Repository to track and store project and assessment documentation,

7. Project Management, including project plan, schedule and deliverable definitions, and
8. Provider Association Focus Group Deliverable, which describes the input and feedback of a representative sample of Indiana providers regarding the Medicaid Enterprise Envisioned Future, the performance of its Target Capabilities and their recommendation for short and long term priorities to achieve the future vision.

This Target Capabilities document represents one of the key deliverables of this project, and reflects the target or "To Be" state of capability maturity of the Indiana Medicaid Enterprise.

The remainder of this section provides a high-level overview of the MITA Business Architecture focusing on the MITA Business Model, including Business Areas and Processes, as well as the Capability Maturity Model, including capabilities, characteristics and measures.

2.2 MITA Overview

> *The Medicaid Information Technology Architecture (MITA) is a roadmap and toolkit for States to transform their Medicaid Management Information System (MMIS) into an enterprise-wide, beneficiary-centric system. MITA will enable State Medicaid agencies to align their information technology (IT) opportunities with their evolving business needs. It also addresses long-standing issues of interoperability, adaptability, and data sharing, including clinical data, across organizational boundaries by creating models based on nationally accepted technical standards. Perhaps most significantly, MITA allows State Medicaid Programs to actively participate in the DHHS Secretary's vision of a transparent health care market that utilizes electronic health records (EHR's), ePrescribing and personal health records (PHR's).*[2]

The MITA is an initiative of the CMS Center for Medicaid & State Operations (CMSO). MITA is intended to foster ***integrated business and IT transformation*** across the Medicaid enterprise to improve the administration of the Medicaid program.

MITA fosters integrated business and technology transformation of the State Medicaid enterprise by providing a new process for States plan to technology investments, and design, develop, enhance or install Medicaid information system. MITA provides a business-driven architectural framework, process model, and planning guidelines for States to define their strategic business goals and objectives, align their business processes with the MITA national

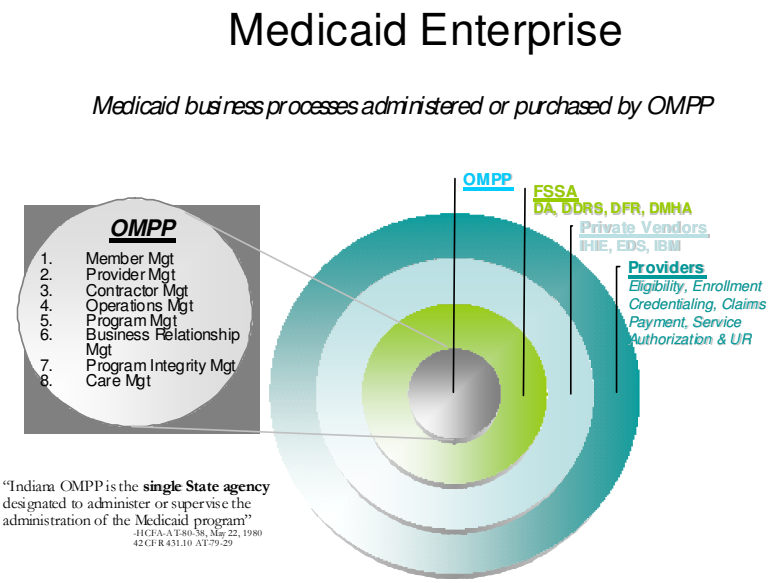
[2] Richard H. Friedman, Medicaid Information Technology Architecture: An Overview, Health Care Financing Review, Winter 2006-2007, Volume 28, Number 2 http://www.nasmd.org/issues/docs/Friedman.pdf

model and assess their Target Capabilities as a baseline for measuring progress towards their Envisioned Future.

MITA is designed to support and enable integrated business and technology transformation of the Medicaid Enterprise. The MITA Business Architecture is based on a Capability Maturity Model (CMM); the best known of which is the Software Engineering Institute's (SEI) Capability Maturity Model® Integration (CMMI). CMM and CMMI is a "process improvement approach that provides organizations with essential elements of effective processes" and "helps integrate traditionally separate organizational functions, set process improvement goals and priorities, provides guidance for quality processes, and a point of reference for appraising current processes."[3]

This Target Capability ("To Be") Assessment provides the foundation for integrated transformation through a process improvement approach using the following tools, techniques and standardization approach.

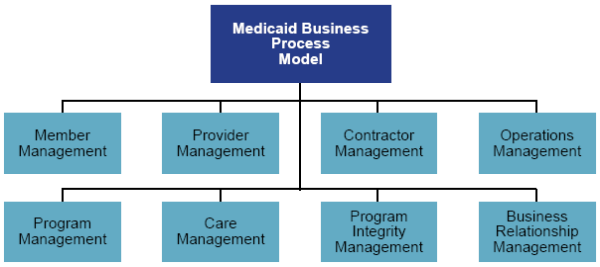
- *MITA Assessment Standard* is a mapping of Indiana Medicaid Enterprise business processes to the MITA 2.0 Business Process Model,
- *Medicaid Enterprise*, according to CMS, involves three spheres of influence: (1) State Medicaid operations for which Federal matching



[3] Cargnie Mellon, Software

funds apply; (2) interfaces and bridges between the State Medicaid agency and State and Federal Medicaid stakeholders and (3) the nationwide health information community, including the HHS Office of the National Coordinator for Health Information Technology, standards development organizations and other Federal agencies. Indiana has defined the Medicaid Enterprise to include all business processes that are administered or purchased by OMPP.

- *MITA Business Process Model* (BPM) details the eight Business Areas that are common to Medicaid health programs and plans across the country. The areas are decomposed into 78 Business Processes. The definitions of these processes are the foundation for the business capabilities and the assessment framework.



- *MITA Maturity Matrix* (MMM) – capabilities, characteristics and measures to assess the maturity level for all capabilities that comprise the MITA Business Process across the Medicaid Enterprise. The MMM was developed based on industry and government models. The MMM defines the boundaries for each level of Medicaid improvement or transformation and provides a structure for definition of business capabilities and measurements.

MITA Capability Maturity Model				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Focus on compliance thresholds	Cost management focus to	Coordination and collaboration	Through widespread and secure	Optimize program management and interoperability,

for State and Federal regulations, accurate enrollment of eligible persons and timely and accurate payment of claims for appropriate services.	improve quality of and access to care within structures designed to manage costs (e.g. managed care, catastrophic care management and disease management).	with other entities to adopt national standards develop and reuse business processes that improve cost effectiveness of health care service delivery, and promote intrastate data exchange.	access to clinical data, focus on improving health care outcomes, empower members, providers and stakeholders, and measure quantity for program improvement.	automate routine operations, plan and evaluate on basis of national/international quality standards.

- *Business Capability Model* (BCM) describes the enterprise's capability to reliably and repeatedly execute a business process at a certain level of maturity. The model configured in matrix that defines the progressively mature business process across five levels. A capability reflects the competence of an individual, organization or system to perform a function or process. At each level the process is defined, and assessed based on the findings across each of the following measurable characteristics or qualities:
    - Timeliness of business process
    - Data accuracy and accessibility
    - Ease of performance/efficiency
    - Cost effectiveness
    - Quality of process results and

- Utility or Value to stakeholders.

The Target Capabilities Assessment uses the Indiana MITA Assessment Standard as the framework to assess business capabilities and measure the capability maturity of the Indiana Medicaid Enterprise, thereby constructing a baseline or point of reference for assessing the progress of the Enterprise towards its Envisioned Future.

2.3 Approach

In conducting Target Capability Assessments, 4TG typically leverages the strategic plan or balanced scorecard metrics of the Medicaid Enterprise to map from the organization's priorities and goals to the MITA Assessment Standard and the plan details or objectives and measures to assess the capability maturity of the future enterprise. Conducting the assessment from the higher level priorities provides a strategic direction and focus for the capability assessment.

Because OMPP reported it is in the process of planning activities and there was little evidence that the broader enterprise had completed strategic and operational plans for the larger Medicaid Enterprise, the Indiana Assessment started with a "bottom-up" approach. Rather than mapping target strategies and priorities into MITA Business Areas, aligning with Business Processes and assessing capabilities, our Business Analysts began the assessment by identifying any and all concepts or activities that could be construed as

targets for future performance improvement from a wide range of varying sources, including but not limited to:

- Survey Documentation and research,
- Envision Deliverable and process,
- Provider Focus Group Deliverable and process, and
- Validation Sessions.

We found strategic elements that did not have corresponding business or operating plans; business functions, activities or transactions without strategic elements; and strategic information with no associated business function. All such elements were used to identify target concepts, which were mapped to the interrogatives used to measure MITA capability characteristics at each level of maturity in the MITA Framework. Using affinity analysis techniques, Analysts associated the functional and technical concepts derived from the target concepts with the capability characteristics to determine what measures to affirm in the MATT. These data were then entered into the 4TG Maturity Assessment Tracking Toolset (MATT), and Analysts affirmed the characteristic measures at the maturity level in which the Current Capabilities Assessment was concluded, and the target capabilities were assessed in MATT across the following MITA characteristic types:

- Timeliness of business process
- Data accuracy and accessibility
- Ease of performance/efficiency
- Cost effectiveness

- Quality of process results and
- Utility or Value to stakeholders

Once all characteristics of the target activities were affirmed, we processed the data through the MATT reporting functionality, which resulted in the capability maturity level scoring for each of the capabilities associated with a target initiative. Capability maturity level scoring was based upon the lowest level of capability maturity where 100% of the capability characteristics were affirmed. If no level of maturity attained 100% of the affirmations, then the process is scored at Maturity Level 1. The MATT reports include the details of the degree to which each level of maturity was attained and a discussion of progress toward full maturity at any given maturity level is provided in our analysis for each business process.

Most processes achieved some level of maturity within some or all characteristic types at each level of maturity even though the overall score may have remained at Level 1 or 2. For some processes no target capabilities were defined and these processes did not progress, even in part, beyond the Current Capabilities Assessment level of maturity. The assessment lists all target initiatives listed by Business Area and Business Process without prioritization, which will be necessary for the next phase of this assessment. The Findings section that follows each list provides information about the assessment and rationale for the capability maturity level.

2.3.1 Capabilities Survey Documentation and Research

As a part of the Current Capabilities Assessment, 4TG conducted a survey of all Business Leads requesting that they consult with their entire team of public and private sector Subject Matter Experts to provide any and all documentation related to MITA Business Areas and Processes included in the Indiana MITA Assessment Standard. This survey resulted in completed survey response from each team, as well as more than 9,000 pages of documentation relating to Indiana MITA Business Processes. The 4TG team reviewed, catalogued and analyzed all documentation and information provided through survey responses and electronic documentation loaded onto the MITA Project SharePoint site.

In addition, 4TG identified key questions and outstanding issues and followed-up with Business Leads, Subject Matter Experts and business units via e-mail, telephone and in-person communication to ensure complete and thorough understanding of the business process capabilities and confirm proper interpretation and analysis.

In conducting the assessment, 4TG Business Analysts identified target concepts by reviewing and analyzing all documents and information relating to a business process, and mapping these concepts to Business Processes.

Also 4TG Business Analysts conducted extensive web research, and reviewed assessment and report findings by other consulting firms working with the Medicaid Enterprise. This information was recorded in spreadsheets to aid in the scoring process and detailed reports.

2.3.2 Indiana Medicaid Enterprise Envisioned Future

The Envisioning process and resulting deliverable was part of an initial step in this project to build the necessary executive sponsorship and consensus for a long term vision over the planning horizon of five to ten years. We

began this process by identifying and working with senior executives of the Indiana Medicaid Enterprise to build understanding of and commitment to a shared vision of the future enterprise to create a shared executive vision establishing the "*Line of Sight*" of the future integrated business and information technology (IT) transformation. The "*Line of Sight"* guides and informs staff in their daily work, and provides the foundation for development of the MITA Target Capabilities Assessment. Building a shared long term vision is the first step in prioritizing goals and operational plans across the Medicaid Enterprise.

The long-term Envisioned Future was described from four perspectives -- Member, Provider, Stakeholder and Vendor – and the near-term future state was structured by FSSA Division and coverage population across five priority areas:

1. VALUE DRIVEN HEALTH CARE
2. DATA-DRIVEN DECISION MAKING
3. PROGRAM INTEGRITY
4. STREAMLINE PROCESSES
5. FISCAL DISCIPLINE

As requested by OMPP, the near-term target initiatives have been included in the next section of this document entitled "Indiana Medicaid Enterprise Priorities" and realigned under these five priority areas with a designation of division and population, in order to clarify this strategic alignment.

2.3.3 Provider Association Focus Group

The Indiana MITA Assessment Project Provider Association Focus Group process and deliverable sought to involve providers and advocates as key stakeholders and participants in the definition of success for the Medicaid Enterprise. Since providers and advocates play a critical role in improving health outcomes, health care delivery and population health, OMPP decided to broaden the scope of the Indiana MITA Assessment Project to include the voices and perspectives of providers and advocates in the refinement of the Envisioned Future. More than 25 key stakeholders were surveyed and invited to a facilitated Focus Group to provide comment and input into the following key deliverables in the MITA Assessment project:

- ***Current Capabilities Assessment*** – feedback was solicited both through the survey and the Focus Group session, as to the current capability performance of the Indiana Medicaid Enterprise,
- ***Target Capabilities Assessment*** – feedback was solicited both through the survey and the Focus Group session regarding priorities for the target or future state of the Indiana Medicaid Enterprise, and
- ***Transition and Implementation Plan*** – Provider Association input will be incorporated into this process and deliverable as it is built upon the findings of the Target Capabilities deliverable.

The Provider Focus Group deliverable provided important insight into key stakeholders' perspectives of the Medicaid Enterprise's Envisioned Future, Current Business Process performance and target future performance

important area recommendations. As a result this process and deliverable was an important input to the Medicaid Enterprise's strategic *"Line of Sight."*

2.3.4 Capabilities Validation Sessions

Upon completion of the initial analysis and scoring of the Current Capabilities, 4TG conducted a series of stakeholder validation sessions with the Business Leads and key public and private Subject Matter Experts (vendors, FSSA division resources). The purpose of these sessions was to validate the Current Capability Maturity Assessment Scoring as well as 4TG's understanding of the information obtained from the survey. 4TG also used these sessions to gather Target Goals and initiatives from each group.

The Target goals and initiatives articulated by each team during the validation sessions were used as input into 4TGs analysis of Target Capabilities and then entered into MATT, resulting in the Target Capability Assessment reports from MATT that are incorporated in this document.

The scope of the validation sessions included all 78 business process in the MITA 2.0 model. Some of those processes are currently defined as "To Be Determined". For these gaps in the MITA model, 4TG has created an assessment model to address the gaps based on their industry experience and Medicaid knowledge. That enhanced model was used during the validation sessions, and can be utilized for State Self-Assessments.

2.3.5 Capability Maturity Assessment Scoring

To conduct the MITA Target Capability Assessment Scoring, 4TG utilized the Maturity Assessment Tracking Toolset (MATT) which is a web-enabled application that enables a valid and reliable Assessment Standard and

framework. The 4TG methodology and application has proven successful in multiple states across the country.

4TG Business Analysts used MATT to track, measure, and assess information compiled from the surveys and other sources to document the characteristics of each of the MITA Business process capabilities. Through this analysis each characteristics was analyzed, capabilities were assessed and the capability maturity scoring was compiled.

3 Indiana Medicaid Enterprise Priorities

The purpose of this section of the Target Capabilities Assessment is to provide an overview of the priorities of the wide range of priorities of the Indiana Medicaid Enterprise, and how these priorities align with the goals for MITA. It is essential that the Medicaid Enterprise further clarify and detail its strategic priorities and business plans, as well as define the relationship between the goals of the State Medicaid Enterprise and the CMS MITA in order to qualify for Federal Financial Participation (FFP) for future target initiatives requiring systems design, development or implementation.

This section highlights FSSA Vision, Mission & Goals, summarizes Indiana's Medicaid Envisioned Future, aligns the Medicaid Enterprise Near-Term Priorities with its five stated priorities, and identifies key areas of alignment of the goals of MITA and the Indiana Medicaid Enterprise.

3.1 FSSA Vision, Mission & Goals

FSSA Vision

To lead the future of healthcare in Indiana by being the most effective health and human services agency in the nation.

FSSA Mission

To use common sense compassion to help needy Hoosiers have healthier, more productive lives through developing, managing, and financing their health care and human services needs.

FSSA Goals

1. Drive the Marketplace
2. Implement Fiscal & Operational Discipline
3. Integrate & Coordinate Policy Development & Service Delivery within FSSA Divisions & Sister Agencies
4. Provide the Best Customer Service through Consistent, Equitable, and User-Friendly Access to FSSA Services

3.2 Indiana Medicaid Envisioned Future Summary

This section summarizes the Indiana Medicaid Enterprise long-term Envisioned Future from four perspectives; that of Members, Providers, Stakeholders and Vendors, and provides context for the Target Capabilities assessment.

1. Member Perspective

1.1. Member Management

1.1.1. Eligibility – readily accessible

1.1.2. Enrollment – e-health record profile

1.1.3. Apply for benefits through web portal, providing "One Stop" access

1.1.4. Available through the web from home, public resource center, telephone connection

1.1.5. Website indicates eligible services, including health care coverage (HHW, HIP, Care Select, traditional Medicaid), child care, work, education and/or financial assistance (TANF), food support (WIC or food stamps)

1.1.6. Self identifies services based on information provided

1.1.7. Portable Electronic Personal Health Record – web accessible

1.1.8. Private and Secure Healthcare Records

1.2. Provider & Plan Choice

1.2.1. Select health plan that is best value and meets needs

1.2.2. Ability to compare essential data from each plan

1.2.3. Readily accessible information

1.2.4. Medical Home (PCP or team)

1.2.5. Optional – recommendation or health broker

1.3. Care Delivery

1.3.1. EHR & member verification

1.3.2. PHR – health status updates; alerts & reminders; test results & immunizations

1.3.3. Portable EHR & PHR across providers & payers

1.3.4. Outcomes Reporting and Pay for Performance (P4P)

1.4. Customer Service

1.4.1. Plan primary point of contact

1.4.2. Single point of entry helpline

1.4.3. Crisis Intervention and Support Groups

1.5. e-Reminders

1.5.1. E-mail, phone & outreach

1.5.2. Web redetermination

1.6. Payment

1.6.1. Service triggers bill

1.6.2. Benefits coordinated via HIE

1.6.3. Real-time adjudication

1.6.4. Member access to EOB

1.6.5. Health broker access to comparative cost/quality information

2. Provider Perspective

2.1. Provider Enrollment

2.1.1. Web application & link to licensure & Health databases

2.2. Credentialing

2.2.1. Web access to national accreditation; transparency

2.3. Plan Contract

2.3.1. Web provider agreement & link to plan(s)

2.3.2. Timely execution of provider agreements

2.3.3. Consistent interpretation of Policy and Rate Structure

2.4. Member Verification

2.4.1. Swipe card access to benefit & co-pay information; Link PHR & EHR

2.5. Utilization Management

2.5.1. CPOE at point of care for authorization; e-prescribing

2.6. Care Delivery

2.6.1. EHR & Clinical Decision Support at point of care & alerts & reminders

2.7. Payment

2.7.1. Service triggers bill; real-time benefit coordination & adjudication

2.8. Performance Management

2.8.1. HIE provides cost/quality, risk-adjusted transparency

2.9. Member (Customer) Service

2.9.1. Resolve issues, provide information & helpline

2.10. Disenrollment

2.10.1. Web access

3. Stakeholder Perspective

3.1. Program Information

3.1.1. Online reports – quality, cost, legal, etc.

3.2. Constituent Helpline

3.2.1. Legislative Single Point of Contact, automated workflow

3.3. Health Information Benefits

3.3.1. EHR triggered reporting; research; guide Clinical Decision Support; safety surveillance

4. Vendor Perspective

4.1. Procurement Operations

4.2. Vendor Management

4.2.1. Transparent, e-communication

4.2.2. Role-based access to case management system

4.2.3. Electronic reporting, meeting, issue management

4.3. Payment

4.3.1. Electronic claims & doc. – payment more quickly

4.3.2. View claim reports

3.3 Medicaid Enterprise Near-Term Priorities

This section further defines and realigns the near-term priorities of the Indiana Medicaid Enterprise. As a part of the identification and analysis of target initiatives, we have reviewed the near-term priorities from the Envisioned Future document, and sought to further define the priorities based on our analysis, as well as realign all targets regardless of what division performs or population is served into the five priority areas for the Medicaid Enterprise, as a whole. This is yet another step in beginning to lower the walls and barriers between silos of services that comprise the enterprise.

In the future, Medicaid agencies and other payers' roles change from those of performing operations that require a large administrative staff (e.g., to manage paper flow, telephone, fax, EDI, and Web-based transmissions; make decisions; and respond to inquiries) to those of executive management and professional teams (e.g., to analyze program trends, needs, and gaps; plan strategically; monitor program objectives and health outcomes; make performance based payments; and participate in the nation's healthcare goals).[4]

Priority Definitions

1. **VALUE-DRIVEN HEALTH CARE** (VDHC)
VDHC in Indiana has two key drivers – Universal Coverage and "Four Cornerstones." Universal coverage means Medicaid expands coverage through individual enfranchisement, rather than institutional entitlement. The second driver was introduced by HHS Secretary Michael Leavitt and endorsed through Executive Order by Indiana Governor Mitch Daniels and 17 other governors, as

[4] Center for Medicare and Medicaid Services, MITA Framework 2.0, Section I.2-5 to 2-7, http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage

well as a wide range of business leaders. The "Four Cornerstones" are:

- Interoperable Health Information Technology
- Measure and Publish Quality Information *(Quality Benchmarks)*
- Measure and Publish Price Information *(Episode of Care Benchmarks)*, and
- Promote Quality and Efficiency of Care *(through Incentives)*

2. DATA MANAGEMENT & ANALYSIS

"To ensure that the quality and quantity of life is maximized for our citizens, the responsible delivery of health care services must be data driven and fiscally sound."[5] To provide Data Management and Analysis capability, the Medicaid Enterprise has prioritized the development and implementation a Enterprise Data Warehouse capable of:

- Improving data quality, consistency, accuracy, access and timeliness of information,
- Providing a "Single View of the Constituent" and business intelligence to guide care, program and operations decisions,
- Achieving the Institute of Medicine's aims of quality health care -- safety, effectiveness, patient-centeredness, timeliness, efficiency and equitability.

3. PROGRAM INTEGRITY (PI)

PI is a strategy to detect and prevent Medicaid fraud, waste, and abuse in Medicaid by:

- Reviewing the actions of those providing Medicaid services by conducting audits and identifying and collecting overpayments, and
- Providing support and assistance to prevent fraud, waste, and abuse by educating providers and others on payment integrity and quality of care.

OMPP is undertaking a three phase risk assessment process to identify, analyze and manage PI by procuring audit services and improving PI management.

4. STREAMLINE PROCESSES

Inside every organization is a set of processes that determine how well it does in achieving its vision and priorities. To increase the timeliness, quality, efficiency, effectiveness and value of its services for its customers and stakeholders, an organization must to adopt a business model and optimize its processes by managing the level of business process ***integration*** and ***standardization***

[5] ***Indiana Medicaid Quality Strategy***, 2007-2008

[6] ***Organizational Model Redesign*** - Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning (OMPP), KPMG, February 2008

across the enterprise. Two primary streamlining priorities include:

- Implementing "high-level procedural guidelines ...to help improve internal controls and to help standardize and streamline the process for receipt/intake, initial distribution, research/response development, response approval, response distribution, and follow-up for various categories of OMPP inquiries and requests[6]
- "Developing a single business model that encompasses the entire Medicaid arena… [and] integrating all associated data models"[7] as a first step in the process of developing an enterprise data warehouse. MITA provide such a model and opportunity.

5. FISCAL DISCIPLINE

To achieve the Governor's 2005 Goal: On the Road to a Indiana Comeback, to achieve "the state's first honestly balanced budget in ten years,"[8] the Medicaid Enterprise must manage the program within a 5% annual rate of growth.

[7] ***OMPP Data Warehouse Assessment***, Moongate Technologies, Final Version – January 18, 2008; Addendum – Feb 15, 2008

[8] ***Indiana State Government's Performance Report***, Office of the Governor, July -- December 2005 Volume I, No. 2 March 31. 2006.

1. VALUE-DRIVEN HEALTH CARE

1.1. OMPP Priorities

1.1.1. Advance value-based purchasing initiatives[9]

1.1.1.1. Quality Health First

1.1.1.2. Nursing Home Quality Add-On

1.1.1.3. Mental Health (MH) Evidence Based Practices

1.1.1.4. Developmental Disabilities (DD) Quality Initiative

1.1.2. Facilitate the adoption of statewide health information exchange (HIE)

1.1.3. Expand the number of low income uninsured Hoosiers covered by Medicaid (children more than 250 percent Federal Level of Poverty [FLP], adults less than 200 percent FPL)

1.1.4. Move members into actively managed environment, including Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Care Select (CS), or other environments focusing on quality outcomes and cost effective management (2005 goal)[10]

[9] Indiana Executive Order 07-05, Governor Daniels (March 2007), http://www.hhs.gov/valuedriven/fourcornerstones/index.html

[10] 2005 goal means this goal was also in the 2005 FSSA Strategic Plan.

1.1.5. Support empowerment and increased personal control in health and health care decisions through use of transparent quality and cost health information.

1.2. Hoosier Healthwise (HHW)

1.2.1. Improve Neonatal Outcomes

1.2.1.1. Reduce the infant mortality rate

1.2.1.2. Reduce the number of pre-term deliveries

1.2.1.3. Increase the average birth weight of babies

1.2.1.4. Increase the percentage of pregnant women receiving prenatal care within the first trimester

1.2.2. Develop composite per member per month (PMPM) cost target trend and manage within expectations (also Fiscal Discipline)

1.2.3. Deliver Primary Care Services in schools (2005 goal)

1.2.4. Improve Behavioral Health Outcomes

1.2.4.1. Increase the percentage of member follow-up in outpatient setting within 7 and 30-days after inpatient psychiatric hospital admission

1.2.4.2. Increase the percentage of children with Serious Emotional Disturbance (SED) diagnosis receiving a primary care and outpatient behavioral health visit every 12 months

1.2.4.3. Consider moving children with significant behavioral health needs to Care Select then track progress with an assessment, care plan, and stratification

1.2.5. Wellness and Prevention

1.2.5.1. Improve percentage of children receiving well-child & well-adolescent visits

1.2.5.2. Increase percentage of members with appropriate immunizations received

1.2.6. Increase percentage of low income women and men receiving cancer prevention screening

1.3. Healthy Indiana Plan (HIP)

1.3.1. Increase the Delivery of Preventive Care Services

1.3.1.1. Goal of __ percentage of HIP enrollees receiving their age/gender recommended preventive services on annual basis (this prompts the roll-over of their POWER account)

1.3.2. Improve Management of Chronic Disease

1.3.2.1. By 2008 set targets for percentage of members receiving appropriate evidenced based care with Congestive Heart Failure, Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Depression

1.4. Traditional Medicaid *(for Seniors and Persons with Disabilities)*

1.4.1. Consider Care Management Model for dual-eligible members

1.4.2. Identify and transition members into appropriate actively managed program (HHW, CS, Other)

1.5. Case Select *(for Seniors and Persons with Disabilities)*

1.5.1. 90 percent of members with completed Health Risk Assessment within 30-days of enrollment by 1/1/2009

1.5.2. 90 percent of members with developed Care Plan within 90-days of enrollment by 1/1/2009

1.5.3. Reduce Inpatient Utilization Rate by __ percent

1.5.4. Reduce Nursing Home Admission Rate of ambulatory sensitive conditions by __ percent

1.5.5. Improve Management of Chronic Disease

1.5.5.1. By 2008 set targets for percentage of members receiving appropriate evidenced based care with conditions such as Congestive Heart Failure, Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Depression

1.6. Persons with Developmental Disabilities

1.6.1. Integrate Care (Medical & Support Services) for members (also under Fiscal Discipline, Streamline Processes, 2005 goal)

1.6.2. Serve people in community at less cost than to an institutional setting (also under Fiscal Discipline)

1.7. Persons with Severely Mentally Ill and/or engaged in Substance Abuse

1.7.1. Transition to individual enfranchisement with mental health parity

1.7.2. Medicaid transformation

1.7.2.1. Define population with severe mental illness or children with serious emotional disturbance to effectively identify those with most needs

1.7.2.2. Utilize a standard needs assessment to assist in determination level of service that is appropriate

1.7.2.3. Focus on evidence-based practices & measuring outcomes

1.7.2.4. Integrate mental & physical healthcare delivery

1.8. Seniors and Persons requiring Long-Term Care

1.8.1. Improve quality of care delivered in nursing facilities

1.8.2. Increase the number of individuals being served in the community

1.8.3. Decrease the number of individuals being served in institutional based settings

1.8.4. Increase the capacity and infrastructure of Home and Community Based Providers through outreach and partnerships

2. Data Management & Analysis

2.1. OMPP Priorities

2.1.1. Develop solution (adequate data analytical capabilities including infrastructure, software tools, and expertise) to effectively manage information to drive improved policy & business decisions

3. Program Integrity

3.1. OMPP Priorities

3.1.1. Reduce error rate on eligibility determinations

3.1.2. Reduce overpayments to providers due to fraud, waste, or abuse

3.1.3. Increase quality assurance, including Medical Review Team (MRT)

4. Streamline Processes

4.1. OMPP Priorities

4.1.1. Develop a vendor-management oriented organization to consistently and effectively manage contractors toward goals and objectives (also under Fiscal Discipline)

4.1.2. Improve timeliness of eligibility determinations to meet Federal standards in all cases by 1/1/2009 (2005 goal)

4.1.3. Improve information and knowledge management among Medicaid & contractors to respond to stakeholder questions (2005 goal)

4.2. Healthy Indiana Plan

4.2.1. Meet Enrollment Targets

4.2.1.1. 50,000 members by 1/1/2009

4.2.1.2. 130,000 members by 1/1/2012

4.3. Persons with Developmental Disabilities

4.3.1. Increase the number of individuals in active service

4.3.1.1. Reduce waitlists and increase the number of people receiving services in the community (2005 goal)

4.3.2. Use a standard approach to tie funding to service needs of individual (also under Program Integrity)

4.4. Seniors and Persons requiring Long-Term Care

4.4.1. Decreases the processing time for Medicaid Waiver placement

4.4.2. Create a prior approval process for nursing facility admissions that ensures it is the option of last resort

4.4.3. Review and retool provider enrollment process to ensure ease of participation

5. Fiscal Discipline

5.1. OMPP Priorities

5.1.1. Manage overall program expenditures within annual trend in alignment with appropriation.

5.2. Healthy Indiana Plan

5.2.1. Manage program growth within cost-neutrality 4.4 percent trend

5.2.2. Develop composite per member per month (PMPM) cost target trend and manage within expectations (also Value-driven Healthcare)

5.3. Case Select *(for Seniors and Persons with Disabilities)*

5.3.1. Develop composite per member per month (PMPM) cost target trend and manage within expectations (Fiscal discipline, Value-driven healthcare)

5.4. Persons with Developmental Disabilities